

Fill in this information to identify the case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF TEXASCase number (if known): _____ Chapter 11 Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****04/16**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name	<u>Sunglo Home Health Services, Inc.</u>										
2. All other names debtor used in the last 8 years	<u>dba Sunglo Adult Day Care VIII; dba Sunglo Adult Day Care II; dba Brighten Academy</u>										
Include any assumed names, trade names and <i>doing business as</i> names											
3. Debtor's federal Employer Identification Number (EIN)	<u>7</u>	<u>4</u>	<u>-</u>	<u>2</u>	<u>6</u>	<u>0</u>	<u>4</u>	<u>6</u>	<u>0</u>	<u>0</u>	
4. Debtor's address	Principal place of business					Mailing address, if different from principal place of business					
<u>3201 S. Expressway 83</u>					Number Street						
					Number Street						
					P.O. Box						
<u>Harlingen</u>					<u>TX</u>	<u>78550</u>	City State ZIP Code				
City					State	ZIP Code	City State ZIP Code				
<u>Cameron</u>					Location of principal assets, if different from principal place of business						
County											
					Number Street						
					Number Street						
					City State ZIP Code						
5. Debtor's website (URL)	<u>www.sunglohhs.com</u>										
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____										

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____**7. Describe debtor's business***A. Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. § 501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

*C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>*6 2 1 6**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- Chapter 7
 Chapter 9
 Chapter 11. *Check all that apply:*
- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No

Yes. District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list.

No
 Yes. Debtor _____ Relationship _____

District _____ When _____
Case number, if known _____ MM / DD / YYYY

Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- No
 Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
 After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor Sunglo Home Health Services, Inc.	Case number (if known) _____		
14. Estimated number of creditors	<input type="checkbox"/> 1-49 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 25,001-50,000 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100-199 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> More than 100,000 <input type="checkbox"/> 200-999		
15. Estimated assets	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$1,000,000,001-\$10 billion <input checked="" type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> \$500,001-\$1 million <input type="checkbox"/> \$100,000,001-\$500 million <input type="checkbox"/> More than \$50 billion		
16. Estimated liabilities	<input type="checkbox"/> \$0-\$50,000 <input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> \$500,001-\$1 million <input type="checkbox"/> \$100,000,001-\$500 million <input type="checkbox"/> More than \$50 billion		

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - I have been authorized to file this petition on behalf of the debtor.
 - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/14/2019
MM / DD / YYYY

X /s/ Linda Salazar Linda Salazar
Signature of authorized representative of debtor Printed name

Title Vice President

18. Signature of attorney X /s/ Jana Smith Whitworth Date 02/14/2019
Signature of attorney for debtor MM / DD / YYYY

Jana Smith Whitworth

Printed name

JS Whitworth Law Firm, PLLC

Firm name

112 E. Kiwi Street

Number Street

McAllen

City

TX

State

78504

ZIP Code

(956) 371-1933

Contact phone

jana@jswhitworthlaw.com

Email address

00797453

Bar number

TX

State

Fill in this information to identify the caseDebtor name Sunglo Home Health Services, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number
(if known) _____ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. IBC BizRite Checking account	Checking account	7 0 5 3	\$40,817.95
3.2. Lone Star National Bank Business Checking Account XXX2303	Checking account	2 3 0 3	\$24,310.17
3.3. Lone Star National Bank Business Checking Account XXXX2159	Checking account	2 1 5 9	\$6,665.75
3.4. IBC Commercial Savings Account XXX3357	Savings account	3 3 5 7	\$32,500.00

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$104,293.87

Debtor Sunglo Home Health Services, Inc.
Name _____ Case number (if known) _____

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes. Fill in the information below.

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less:	<u>\$91,858.95</u>	-	<u>\$0.00</u>	= →	<u>\$91,858.95</u>
face amount		doubtful or uncollectible accounts			

11b. Over 90 days old:	<u>\$22,833.66</u>	-	<u>\$0.00</u>	= →	<u>\$22,833.66</u>
face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$114,692.61

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes. Fill in the information below.

Valuation method
used for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Debtor Sunglo Home Health Services, Inc.
Name _____

Case number (if known) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				

20. Work in progress

21. Finished goods, including goods held for resale

22. Other inventory or supplies

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			

29. Farm animals Examples: Livestock, poultry, farm-raised fish

30. Farm machinery and equipment (Other than titled motor vehicles)

31. Farm and fishing supplies, chemicals, and feed

32. Other farming and fishing-related property not already listed in Part 6

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$0.00

34. Is the debtor a member of an agricultural cooperative?

- No
 Yes. Is any of the debtor's property stored at the cooperative?
 No
 Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value _____ Valuation method _____ Current value _____

Debtor Sunglo Home Health Services, Inc. _____ Case number (if known) _____
 Name _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- No
 Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- No
 Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
Office Furniture for Headquarters (Harlingen Office)	\$5,000.00	Estimated Value	\$5,000.00
Office Furniture for San Benito Location:	\$2,000.00	Estimated Value	\$2,000.00
Office Furniture for Rio Grande City Office:	\$1,000.00	Estimated Value	\$1,000.00

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

Office Equipment for Headquarters (Harlingen Office):	\$5,000.00	Estimated Value	\$5,000.00
Office Equipment for San Benito Office:	\$500.00	Estimated Value	\$500.00
Office Equipment for Rio Grande City Office:	\$1,500.00	Estimated Value	\$1,500.00

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$15,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes. Fill in the information below.

Debtor	<u>Sunglo Home Health Services, Inc.</u> Name	Case number (if known)
General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles		Valuation method used for current value
47.1.	<u>2016 Toyota Corolla VIN#77831</u>	\$13,100.00
47.2.	<u>2016 Toyota Corolla VIN#83376</u>	\$13,100.00
47.3.	<u>2016 Toyota Corolla VINC#67777</u>	\$13,100.00
47.4.	<u>2016 Toyota Corolla VIN#68549</u>	\$13,100.00
47.5.	<u>2016 Toyota Corolla VIN#471841</u>	\$13,100.00
47.6.	<u>2015 Toyota Corolla VIN#1840</u>	\$11,250.00
47.7.	<u>2015 Toyota Corolla VIN#3366</u>	\$11,250.00
47.8.	<u>2015 Toyota Corolla VIN#11840</u>	\$11,250.00
47.9.	<u>2015 Ford Transit Van VIN#26238</u>	\$16,500.00
47.10.	<u>2015 Chevrolet Express Van VIN#225892</u>	\$15,400.00
47.11.	<u>2014 Chevrolet Express Van VIN#94079</u>	\$14,750.00
47.12.	<u>2013 Hyundai Elantra VIN#373261</u>	\$8,000.00
47.13.	<u>2014 Hyundai Elantra VIN#372756</u>	\$8,600.00
47.14.	<u>2014 Hyundai Elantra VIN#372772</u>	\$8,600.00
47.15.	<u>2014 Hyundai Elantra VIN#221673</u>	\$8,600.00
47.16.	<u>2006 Honda Civic VIN#12262</u>	\$3,116.00
47.17.	<u>2006 Honda Ridgeline VIN#39547</u>	\$5,546.00
47.18.	<u>2006 Doge Ram VIN#54290</u>	\$18,218.00
47.19.	<u>2007 Ford Focus VIN#47059</u>	\$2,983.00
47.20.	<u>2007 Chevrolet Cobalt VIN#86388</u>	\$2,900.00
47.21.	<u>2007 Chevrolet Cobalt VIN#76751</u>	\$2,900.00
47.22.	<u>2013 Chevrolet Express Van VIN#26485</u>	\$14,250.00
47.23.	<u>2016 Toyota Corolla VINxxx0359</u>	\$13,100.00
48. Watercraft, trailers, motors, and related accessories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels		
49. Aircraft and accessories		
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)		
51. Total of Part 8.		\$242,713.00
Add lines 47 through 50. Copy the total to line 87.		
52. Is a depreciation schedule available for any of the property listed in Part 8?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
53. Has any of the property listed in Part 8 been appraised by a professional within the last year?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Sunglo Home Health Services, Inc.
Name _____ Case number (if known) _____

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

Sunglo Home Health Services, Inc.'s
Home and Community Support Services Agency
License (Harlingen, Texas): License Number
002231 _____ Unknown

Sunglo Home Health Services, Inc.'s Home and
Community Support Services Agency License
(Rio Grande City, Texas): License Number
002643 _____ Unknown

Sunglo Home Health Services d/b/a Sunglo Adult
Day Care II's DAHS Facility License (San Benito)
issued by Texas Health and Human Services
Commission: License Number 149771 _____ Unknown

63. Customer lists, mailing lists, or other compilations

Debtor Sunglo Home Health Services, Inc. _____ Case number (if known) _____
 Name _____

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

**75. Other contingent and unliquidated claims or causes of action of every nature,
including counterclaims of the debtor and rights to set off claims**

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Debtor Sunglo Home Health Services, Inc.
Name _____

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$104,293.87</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$114,692.61</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$15,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$242,713.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> ➔		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$476,699.48</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$476,699.48</u>

Fill in this information to identify the case:

Debtor name	<u>Sunglo Home Health Services, Inc.</u>
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF TEXAS</u>
Case number (if known)	<u> </u>

Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim

2.1 Creditor's name <u>Ally Bank</u>	Describe debtor's property that is subject to a lien <u>2014 Chevrolet Express Van VIN# 94079</u>	\$15,016.42	\$14,750.00
Creditor's mailing address <u>c/o Ally Servicing LLC</u>	Describe the lien <u>Promissory Note / Agreement</u>		
P.O. Box 130424	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Roseville MN 55113-0004	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Creditor's email address, if known	As of the petition filing date, the claim is: Check all that apply.		
Date debt was incurred <u>09/2015</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Last 4 digits of account number <u>7 6 1 3</u>			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$863,235.53

Debtor	<u>Sunglo Home Health Services, Inc.</u>	Case number (if known)	
Part 1: Additional Page			
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.2	Creditor's name <u>Ally Bank</u>	Describe debtor's property that is subject to a lien <u>2013 Hyundai Elantra VIN#373261</u>	\$8,041.04 \$8,000.00
Creditor's mailing address <u>c/o Ally Servicing LLC</u>		Describe the lien <u>Promissory Note / Agreement</u>	
P.O. Box 130424			
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
Date debt was incurred	<u>03/2018</u>	As of the petition filing date, the claim is: Check all that apply.	
Last 4 digits of account number	<u>9 9 9 8</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.3	Creditor's name <u>Ally Bank</u>	Describe debtor's property that is subject to a lien <u>2014 Hyundai Elantra VIN#372756</u>	\$8,041.04 \$8,600.00
Creditor's mailing address <u>c/o Ally Servicing LLC</u>		Describe the lien <u>Promissory Note / Agreement</u>	
P.O. Box 130424			
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
Date debt was incurred	<u>03/2017</u>	As of the petition filing date, the claim is: Check all that apply.	
Last 4 digits of account number	<u>8 8 4 9</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor	<u>Sunglo Home Health Services, Inc.</u>	Case number (if known)	
Part 1: Additional Page			
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.4	Creditor's name <u>Ally Bank</u>	Describe debtor's property that is subject to a lien <u>2014 Hyundai Elantra VIN#372772</u>	\$8,030.91 \$8,600.00
Creditor's mailing address <u>c/o Ally Servicing LLC</u>		Describe the lien <u>Promissory Note / Agreement</u>	
P.O. Box 130424			
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Roseville	MN 55113-0004	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Creditor's email address, if known			
Date debt was incurred	02/2017	As of the petition filing date, the claim is: Check all that apply.	
Last 4 digits of account number	<u>8 0 5 8</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.5	Creditor's name <u>Ally Bank</u>	Describe debtor's property that is subject to a lien <u>2014 Hyundai Elantra VIN#221673</u>	\$8,393.21 \$8,600.00
Creditor's mailing address <u>c/o Ally Servicing LLC</u>		Describe the lien <u>Promissory Note / Agreement</u>	
P.O. Box 130424			
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Roseville	MN 55113-0004	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Creditor's email address, if known			
Date debt was incurred	02/2017	As of the petition filing date, the claim is: Check all that apply.	
Last 4 digits of account number	<u>6 8 1 2</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor	<u>Sunglo Home Health Services, Inc.</u>	Case number (if known)	
Part 1: Additional Page			
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.6	Creditor's name <u>BBVA Compass Bank</u>	Describe debtor's property that is subject to a lien	\$12,818.92
	Creditor's mailing address <u>P.O. Box10566</u>	2015 Ford Transit Van VIN#26238	\$16,500.00
		Describe the lien	
		<u>Promissory Note / Agreement</u>	
		Is the creditor an insider or related party?	
	<u>Birmingham AL 35296</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Creditor's email address, if known	Is anyone else liable on this claim?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
2.7	Date debt was incurred <u>02/2016</u>	As of the petition filing date, the claim is:	
	Last 4 digits of account number <u>3 9 1 5</u>	Check all that apply.	
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
	Creditor's name <u>Ford Motor Credit Company, LLC</u>	Describe debtor's property that is subject to a lien	\$13,962.71
	Creditor's mailing address <u>P.O. Box 62180</u>	2015 Chevrolet Express Van VIN# <u>225892</u>	\$15,400.00
		Describe the lien	
		<u>Promissory Note / Agreement</u>	
		Is the creditor an insider or related party?	
	<u>Colorado Springs CO 80962</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Creditor's email address, if known	Is anyone else liable on this claim?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	Date debt was incurred <u>04/2015</u>	As of the petition filing date, the claim is:	
	Last 4 digits of account number <u>4 9 5 9</u>	Check all that apply.	
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

Debtor	<u>Sunglo Home Health Services, Inc.</u>	Case number (if known)	
Part 1: Additional Page			
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.8	Creditor's name <u>Harlingen Tax Office</u>	Describe debtor's property that is subject to a lien	\$11,816.49
Creditor's mailing address <u>P.O. Box 2643</u>		Pesonal Property	\$0.00
		Describe the lien	
		Ad Valorem Taxes / Statutory Lien	
		Is the creditor an insider or related party?	
<u>Harlingen TX 78551</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Creditor's email address, if known		Is anyone else liable on this claim?	
Date debt was incurred <u>01/2019</u>		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:	
<input checked="" type="checkbox"/> No		Check all that apply.	
<input type="checkbox"/> Yes. Have you already specified the relative priority?		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.9	Creditor's name <u>Internal Revenue Service</u>	Describe debtor's property that is subject to a lien	\$687,000.00
Creditor's mailing address <u>300 E. 8th Street - M/S 5026 AUS</u>		Describe the lien	\$0.00
		941 Taxes	
		Is the creditor an insider or related party?	
<u>Austin TX 78701</u>		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Creditor's email address, if known		Is anyone else liable on this claim?	
Date debt was incurred <u>2016</u>		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:	
<input checked="" type="checkbox"/> No		Check all that apply.	
<input type="checkbox"/> Yes. Have you already specified the relative priority?		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor	<u>Sunglo Home Health Services, Inc.</u>	Case number (if known)	
Part 1: Additional Page			
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.10	Creditor's name <u>Tony Yzaguirre, Jr.</u>	Describe debtor's property that is subject to a lien	\$2,630.99
	Creditor's mailing address <u>Cameron County Tax Assessor-Collector</u>	Personal Property	\$0.00
	<u>835 E. Levee Street</u>	Describe the lien	
		Ad Valorem Taxes / Statutory Lien	
		Is the creditor an insider or related party?	
	<u>Brownsville TX 78520</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Creditor's email address, if known	Is anyone else liable on this claim?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
	Date debt was incurred <u>01/31/2019</u>	As of the petition filing date, the claim is:	
	Last 4 digits of account number <u>_____</u>	Check all that apply.	
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>_____</u>		
2.11	Creditor's name <u>Toyota Motor Credit Corporation</u>	Describe debtor's property that is subject to a lien	\$8,272.03
	Creditor's mailing address <u>c/o Toyota Financial Services</u>	2016 Toyota Corolla VIN#77831	\$13,100.00
	<u>P.O. Box 5855</u>	Describe the lien	
		Promissory Note / Agreement	
		Is the creditor an insider or related party?	
	<u>Carol Stream IL 60197</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Creditor's email address, if known	Is anyone else liable on this claim?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
	Date debt was incurred <u>01/2016</u>	As of the petition filing date, the claim is:	
	Last 4 digits of account number <u>6 1 0 7</u>	Check all that apply.	
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>_____</u>		

Debtor	<u>Sunglo Home Health Services, Inc.</u>	Case number (if known)	
Part 1: Additional Page			
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.12	Creditor's name <u>Toyota Motor Credit Corporation</u>	Describe debtor's property that is subject to a lien <u>2016 Toyota Corolla VIN#83376</u>	\$10,641.57 \$13,100.00
Creditor's mailing address <u>c/o Toyota Financial Services</u>		Describe the lien <u>Promissory Note / Agreement</u>	
P.O. Box 5855			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Carol Stream IL 60197		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Creditor's email address, if known			
Date debt was incurred <u>02/2016</u>		As of the petition filing date, the claim is: Check all that apply.	
Last 4 digits of account number <u>7 1 7 0</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.13	Creditor's name <u>Toyota Motor Credit Corporation</u>	Describe debtor's property that is subject to a lien <u>2016 Toyota Corolla VINC#67777</u>	\$10,641.70 \$13,100.00
Creditor's mailing address <u>c/o Toyota Financial Services</u>		Describe the lien <u>Promissory Note / Agreement</u>	
P.O. Box 5855			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Carol Stream IL 60197		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Creditor's email address, if known			
Date debt was incurred <u>02/2016</u>		As of the petition filing date, the claim is: Check all that apply.	
Last 4 digits of account number <u>7 1 4 3</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor	<u>Sunglo Home Health Services, Inc.</u>	Case number (if known)	
Part 1: Additional Page			
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.14	Creditor's name <u>Toyota Motor Credit Corporation</u>	Describe debtor's property that is subject to a lien <u>2016 Toyota Corolla VIN#68549</u>	\$10,641.57 \$13,100.00
Creditor's mailing address <u>c/o Toyota Financial Services</u>		Describe the lien <u>Promissory Note / Agreement</u>	
P.O. Box 5855			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Carol Stream IL 60197		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Creditor's email address, if known			
Date debt was incurred <u>02/2016</u>		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Last 4 digits of account number <u>7 1 4 1</u>			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.15	Creditor's name <u>Toyota Motor Credit Corporation</u>	Describe debtor's property that is subject to a lien <u>2016 Toyota Corolla VIN#471841</u>	\$12,715.10 \$13,100.00
Creditor's mailing address <u>c/o Toyota Financial Services</u>		Describe the lien <u>Promissory Note / Agreement</u>	
P.O. Box 5855			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Carol Stream IL 60197		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Creditor's email address, if known			
Date debt was incurred <u>04/2016</u>		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Last 4 digits of account number <u>3 7 1 5</u>			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor	<u>Sunglo Home Health Services, Inc.</u>	Case number (if known)	
Part 1: Additional Page			
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.16	Creditor's name <u>Toyota Motor Credit Corporation</u>	Describe debtor's property that is subject to a lien <u>2016 Toyota Corolla VINxxx0359</u>	\$12,478.76 \$13,100.00
Creditor's mailing address <u>c/o Toyota Financial Services</u>		Describe the lien <u>Promissory Note / Agreement</u>	
P.O. Box 5855			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Carol Stream IL 60197		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Creditor's email address, if known			
Date debt was incurred <u>04/2016</u>		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Last 4 digits of account number <u>4 2 9 5</u>			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.17	Creditor's name <u>Toyota Motor Credit Corporation</u>	Describe debtor's property that is subject to a lien <u>2015 Toyota Corolla VIN#1840</u>	\$7,145.37 \$11,250.00
Creditor's mailing address <u>c/o Toyota Financial Services</u>		Describe the lien <u>Promissory Note / Agreement</u>	
P.O. Box 5855			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Carol Stream IL 60197		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Creditor's email address, if known			
Date debt was incurred <u>05/2015</u>		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Last 4 digits of account number <u>2 1 4 4</u>			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor	<u>Sunglo Home Health Services, Inc.</u>	Case number (if known)	
Part 1: Additional Page			
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.18	Creditor's name <u>Toyota Motor Credit Corporation</u>	Describe debtor's property that is subject to a lien <u>2015 Toyota Corolla VIN#3366</u>	\$7,607.46 \$11,250.00
Creditor's mailing address <u>c/o Toyota Financial Services</u>		Describe the lien <u>Promissory Note / Agreement</u>	
<u>P.O. Box 5855</u>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<u>Carol Stream IL 60197</u>		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Creditor's email address, if known		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date debt was incurred <u>05/2015</u>			
Last 4 digits of account number <u>0 5 9 6</u>			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.19	Creditor's name <u>Toyota Motor Credit Corporation</u>	Describe debtor's property that is subject to a lien <u>2015 Toyota Corolla VIN#11840</u>	\$7,340.24 \$11,250.00
Creditor's mailing address <u>c/o Toyota Financial Services</u>		Describe the lien <u>Promissory Note / Agreement</u>	
<u>P.O. Box 5855</u>		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<u>Carol Stream IL 60197</u>		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
Creditor's email address, if known		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date debt was incurred <u>08/2015</u>			
Last 4 digits of account number <u>6 1 4 0</u>			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>Internal Revenue Service</u>	Line <u>2.9</u>	_____
<u>Centralized Insolvency Operation</u>		_____
<u>P.O. Box 7346</u>		_____
<u>Philadelphia</u> PA <u>19101-7346</u>		
<u>Linebarger Goggan Blair & Sampson, LLP</u>	Line <u>2.10</u>	_____
<u>Attn: Diane W. Sanders</u>		_____
<u>P.O. Box 17428</u>		_____
<u>Austin</u> TX <u>78760</u>		
<u>Linebarger Goggan Blair & Sampson, LLP</u>	Line <u>2.10</u>	_____
<u>Attn: Diane W. Sanders</u>		_____
<u>P.O. Box 17428</u>		_____
<u>Austin</u> TX <u>78760</u>		
<u>Linebarger Goggan Blair & Sampson, LLP</u>	Line <u>2.8</u>	_____
<u>Attn: Diane W. Sanders</u>		_____
<u>P.O. Box 17428</u>		_____
<u>Austin</u> TX <u>78760</u>		

Fill in this information to identify the case:Debtor Sunglo Home Health Services, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number
(if known) _____ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$215,300.00 \$215,300.00
	<u>Internal Revenue Service</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<u>300 E. 8th Street - M/S 5026 AUS</u>		
		Basis for the claim: IRS Healthcare Insurance Tax/Penalty	
	<u>Austin</u> <u>TX</u> <u>78701</u>		
	Date or dates debt was incurred <u>2016</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)		

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,579.09
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Ability Network, Inc.			
P.O. Box 856015			
Mn 55485-6015			
Date or dates debt was incurred <u>12/2018-01/2019</u>			
Last 4 digits of account number _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,878.20
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
AllScripts			
24630 Network Place			
Il 60673			
Date or dates debt was incurred <u>07/2018 - 01/2019</u>			
Last 4 digits of account number _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$10,490.00
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Amerifactors			
P.O. Box 628328			
Fl 32862			
Date or dates debt was incurred <u>08/2018</u>			
Last 4 digits of account number _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$10,200.00
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Beta Therapy Management Inc.			
1287 Janet Lane			
Tx 78526			
Date or dates debt was incurred <u>12/2017</u>			
Last 4 digits of account number _____			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,095.00
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Date or dates debt was incurred	OH 44720	Is the claim subject to offset?	
North Canton		<input checked="" type="checkbox"/> No	
Last 4 digits of account number	_____	<input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$140.73
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Rental Payments for Copiers			
Date or dates debt was incurred	TX 78550	Is the claim subject to offset?	
Harlingen		<input checked="" type="checkbox"/> No	
Last 4 digits of account number	_____	<input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,379.61
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Date or dates debt was incurred	CA 91716	Is the claim subject to offset?	
City of Industry		<input checked="" type="checkbox"/> No	
Last 4 digits of account number	_____	<input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Basis for the claim:			
Operating Loan			
Date or dates debt was incurred	_____	Is the claim subject to offset?	
Last 4 digits of account number	_____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$106,879.00
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Promissory Note			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	Unknown
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Basis for the claim:			
Operating Loan			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$27,079.00
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Date or dates debt was incurred		Is the claim subject to offset?	
<u>01/2018 - 01/2018</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$369.56
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Date or dates debt was incurred		Is the claim subject to offset?	
<u>08/2018 - 01/2019</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Promissory Note			
McAllen		TX	78504
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,000.00
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Rio Grande City		TX	78582
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$110,947.07
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Chicago		IL	60693
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$4,650.43
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Dallas		TX	75312
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$675.00
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Date or dates debt was incurred	<u>06/2017 - 08/2017</u>		
Last 4 digits of account number	_____		
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.18	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,618.77
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Date or dates debt was incurred	<u>03/2018 - 01/2019</u>		
Last 4 digits of account number	_____		
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$451.43
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Date or dates debt was incurred	<u>01/2019</u>		
Last 4 digits of account number	_____		
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,130.86
<i>Check all that apply.</i>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Services Rendered			
Date or dates debt was incurred	<u>02/2018 - 01/2019</u>		
Last 4 digits of account number	_____		
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.21	Nonpriority creditor's name and mailing address <u>Terminix - Weslaco</u> <u>802 Westway Drive</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$163.46
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Services Rendered</u>	
	Date or dates debt was incurred <u>01/2019</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3.22	Nonpriority creditor's name and mailing address <u>Texas Workforce Commission</u> <u>101 E. 15th Street, Room 556</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,263.74
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Taxes</u>	
	Date or dates debt was incurred <u>01/2019</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3.23	Nonpriority creditor's name and mailing address <u>The Lamar Companies</u> <u>2001 Industrial Way</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,698.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Services Rendered</u>	
	Date or dates debt was incurred <u>12/2018 - 01/2019</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3.24	Nonpriority creditor's name and mailing address <u>Therapy at Home, PLLC</u> <u>2418 Buddy Owens Boulevard</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,354.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Services Rendered</u>	
	Date or dates debt was incurred <u>04/2017 - 06/2017</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,454.95
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Time Warner Cable

P.O. 60074

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Services Rendered

City of Industry CA 91716

Date or dates debt was incurred 01/2019

Is the claim subject to offset?

- No
- Yes

3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$67,622.50
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Valley Healing Hands, LLC

3475 W. Alton Gloor, Suite D

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Services Rendered

Brownsville TX 78520

Date or dates debt was incurred 06/2017 - 02/2019

Is the claim subject to offset?

- No
- Yes

3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$89,155.00
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Veronica's Physical Therapy Services, PL

5346 E. Hwy 83 - Unit 2, Building Aa

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Services Rendered

Rio Grande City TX 78582

Date or dates debt was incurred 01/2016 - 01/2019

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Internal Revenue Service</u> <u>Centralized Insolvency Operation</u> <u>P.O. Box 7346</u>	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain:	_____
	<u>Philadelphia PA 19101-7346</u>		
4.2	<u>Office of Attorney General-BK & Collect</u> <u>P.O. Box 12548, MC-008</u>	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain:	_____
	<u>Austin TX 78711</u>		

Debtor Sunglo Home Health Services, Inc. Case number (if known) _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$215,300.00</u>
5b. Total claims from Part 2	5b. + <u>\$462,275.40</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	<u>\$677,575.40</u>

Fill in this information to identify the case:Debtor Name Sunglo Home Health Services, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known): _____

 Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B.....	<u>\$0.00</u>
1b. Total personal property: Copy line 91A from Schedule A/B.....	<u>\$476,699.48</u>
1c. Total of all property Copy line 92 from Schedule A/B.....	<u>\$476,699.48</u>

Part 2: Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$863,235.53**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F.....	<u>\$215,300.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	<u>+ \$462,275.40</u>

4. Total liabilities

Lines 2 + 3a + 3b.....

\$1,540,810.93

Fill in this information to identify the case and this filing:

Debtor Name	<u>Sunglo Home Health Services, Inc.</u>
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF TEXAS</u>
Case number (if known)	_____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)*
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- Schedule H: Codebtors (Official Form 206H)*
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206-Summary)*
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/14/2019
MM / DD / YYYY

X /s/ Linda Salazar _____

Signature of individual signing on behalf of debtor

Linda Salazar

Printed name

Vice President

Position or relationship to debtor

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION**

In re **Sunglo Home Health Services, Inc.**

Case No. _____

Chapter **11** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	Hourly: Estimated Total	\$45,000.00
Prior to the filing of this statement I have received.....		\$20,000.00
Balance Due.....		\$25,000.00

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/14/2019

Date

/s/ Jana Smith Whitworth

*Jana Smith Whitworth
JS Whitworth Law Firm, PLLC
112 E. Kiwi Street
McAllen, Texas 78504
Phone: (956) 371-1933 / Fax: (956) 265-1753*

Bar No. 00797453

/s/ Linda Salazar

*Linda Salazar
Vice President*

Fill in this information to identify the case:Debtor name Sunglo Home Health Services, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number
(if known) _____ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Internal Revenue Service 300 E. 8th Street - M/S 5026 AUS Austin, TX 78701		941 Taxes		\$687,000.00	\$0.00	\$687,000.00
2	Internal Revenue Service 300 E. 8th Street - M/S 5026 AUS Austin, TX 78701		IRS Healthcare Insurance Tax/Penalty				\$215,300.00
3	McKesson Information Solutions P.O. Box 98347 Chicago, IL 60693		Services Rendered				\$110,947.07
4	Frost Bank P.O. Box 34746 San Antonio, Texas 78265		Promissory Note				\$106,879.00
5	Veronica's Physical Therapy Services, PL 5346 E. Hwy 83 - Unit 2, Building Aa Rio Grande City, TX 78582		Services Rendered				\$89,155.00

Debtor Sunglo Home Health Services, Inc. _____ Case number (if known) _____
 Name _____

Name of creditor and complete mailing address, including zip code		Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6	Valley Healing Hands, LLC 3475 W. Alton Gloor, Suite D Brownsville, Texas 78520		Services Rendered	Unliquidated Disputed			\$67,622.50
7	L.R. Pelly, M.D. 34 Robins Lane Brownsville, Texas 78521		Services Rendered				\$27,079.00
8	Harlingen Tax Office P.O. Box 2643 Harlingen, Texas 78551		Ad Valorem Taxes		\$11,816.49	\$0.00	\$11,816.49
9	Amerifactors P.O. Box 628328 Orlando, FL 32862		Services Rendered				\$10,490.00
10	Beta Therapy Management Inc. 1287 Janet Lane Brownsville, Texas 78526		Services Rendered				\$10,200.00
11	Therapy at Home, PLLC 2418 Buddy Owens Boulevard McAllen, Texas 78504		Services Rendered				\$5,354.00
12	Texas Workforce Commission 101 E. 15th Street, Room 556 Austin, Texas 78778		Taxes				\$5,263.74
13	The Lamar Companies 2001 Industrial Way San Benito, Texas 78586		Services Rendered				\$4,698.00

Debtor Sunglo Home Health Services, Inc.
Name _____ Case number (if known) _____

Name of creditor and complete mailing address, including zip code		Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14	Medline Ind P.O. Box 121080 Dallas, Texas 75312		Services Rendered				\$4,650.43
15	Mario L. Vasquez Aguilar, PLLC 2768 Pharmacy Road Rio Grande City, Texas 78582		Services Rendered				\$3,000.00
16	AllScripts 24630 Network Place Chicago, IL 60673		Goods Sold				\$2,878.20
17	Tony Yzaguirre, Jr. Cameron County Tax Assessor-Collector 835 E. Levee Street Brownsville, Texas 78520		Ad Valorem Taxes		\$2,630.99	\$0.00	\$2,630.99
18	Ability Network, Inc. P.O. Box 856015 Minneapolis, MN 55485-6015		Services Rendered				\$2,579.09
19	Time Warner Cable P.O. 60074 City of Industry, CA 91716		Services Rendered				\$2,454.95
20	Capital One, F.S.B. P.O. Box 60599 City of Industry, CA 91716		Services Rendered				\$2,379.61

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION**

IN RE:
Sunglo Home Health Services, Inc.

CHAPTER 11

DEBTOR(S)

CASE NO

LIST OF EQUITY SECURITY HOLDERS

Registered Name of Holder of Security Last Known Address or Place of Business	Class of Security	Number Registered	Kind of Interest Registered
Linda Salazar 2502 Emerald Lake Drive Harlingen, Texas 78550	Shareholder	50%	Owner
Ruben G. Salazar 2502 Emerald Lake Drive Harlingen, Texas 78550	Shareholder	50%	Owner

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Vice President of the Corporation, named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 2/14/2019

Signature: /s/ Linda Salazar

*Linda Salazar
Vice President*

Ability Network, Inc.
P.O. Box 856015
Minneapolis, MN 55485-6015

Capital One, F.S.B.
P.O. Box 60599
City of Industry, CA 91716

Linda Salazar
2502 Emerald Lake Drive
Harlingen, Texas 78550

AllScripts
24630 Network Place
Chicago, IL 60673

EFB Partners, LLC
8200 N.W. 52nd Terrace, Suite
200
Doral, FL 33166

Linebarger Goggan Blair &
Sampson, LLP
Attn: Diane W. Sanders
P.O. Box 17428
Austin, TX 78760

Ally Bank
c/o Ally Servicing LLC
P.O. Box 130424
Roseville, MN 55113-0004

Ford Motor Credit Company, LLC
P.O. Box 62180
Colorado Springs, CO 80962

Lone Star National Bank
Attn: Loan Servicing
McAllen, TX 78504

Amerifactors
P.O. Box 628328
Orlando, FL 32862

Frost Bank
P.O. Box 34746
San Antonio, Texas 78265

Mario L. Vasquez Aguilar, PLLC
2768 Pharmacy Road
Rio Grande City, Texas 78582

BBVA Compass Bank
P.O. Box 10566
Birmingham, AL 35296

Harlingen Tax Office
P.O. Box 2643
Harlingen, Texas 78551

McKesson Information Solutions
P.O. Box 98347
Chicago, IL 60693

BBVA Compass Bank
Attn: Kyle M. Taylor, VP ARMS
Division
6333 Douglas Avenue, 2nd Floor
Dallas, Texas 75225

Internal Revenue Service
300 E. 8th Street - M/S 5026
AUS
Austin, TX 78701

Medline Ind
P.O. Box 121080
Dallas, Texas 75312

Beta Therapy Management Inc.
1287 Janet Lane
Brownsville, Texas 78526

Internal Revenue Service
Centralized Insolvency
Operation
P.O. Box 7346
Philadelphia, PA 19101-7346

Noe Reyes
1108 N. 35th Street
Hidalgo, Texas 78557

Bill D. Pope & Maria Del
Rosario Pope
P.O. Box 116
Rio Grande City, Texas 78582

Knight Capital Funding III LLC
- SPV
9 East Loockerman Ste 3A-543
Dover, DE 19901

Office of Attorney General-BK
& Collect
P.O. Box 12548, MC-008
Austin, Texas 78711

Brandi Whitemeyerr, RN
421 Hower Street NE
North Canton, OH 44720

L.R. Pelly, M.D.
34 Robins Lane
Brownsville, Texas 78521

Providenia Holdings, LLC
920 W. Van Buren Avenue
Harlingen, TX 78550

Brewer Office Systems
405 West Van Buren
Harlingen, Texas 78550

Liberty DME
1708 Mozelle Street
Pharr, Texas 78577

Purchase Power
P.O. Box 371874
Pittsburgh, PA 15250

Ruben G. Salazar
2502 Emerald Lake Drive
Harlingen, Texas 78550

Valley Healing Hands, LLC
3475 W. Alton Gloor, Suite D
Brownsville, Texas 78520

Shred-It San Antonio
28883 Network Place
Chicago, IL 60673

Veronica's Physical Therapy
Services, PL
5346 E. Hwy 83 - Unit 2,
Building Aa
Rio Grande City, TX 78582

Strategic Healthcare Programs
P.O. Box 101019
Atlanta, GA 30392

Terminix - Weslaco
802 Westway Drive
Harlingen, Texas 78552

Texas Workforce Commission
101 E. 15th Street, Room 556
Austin, Texas 78778

The Lamar Companies
2001 Industrial Way
San Benito, Texas 78586

Therapy at Home, PLLC
2418 Buddy Owens Boulevard
McAllen, Texas 78504

Time Warner Cable
P.O. 60074
City of Industry, CA 91716

Tony Yzaguirre, Jr.
Cameron County Tax Assessor-
Collector
835 E. Levee Street
Brownsville, Texas 78520

Toyota Motor Credit
Corporation
c/o Toyota Financial Services
P.O. Box 5855
Carol Stream, IL 60197